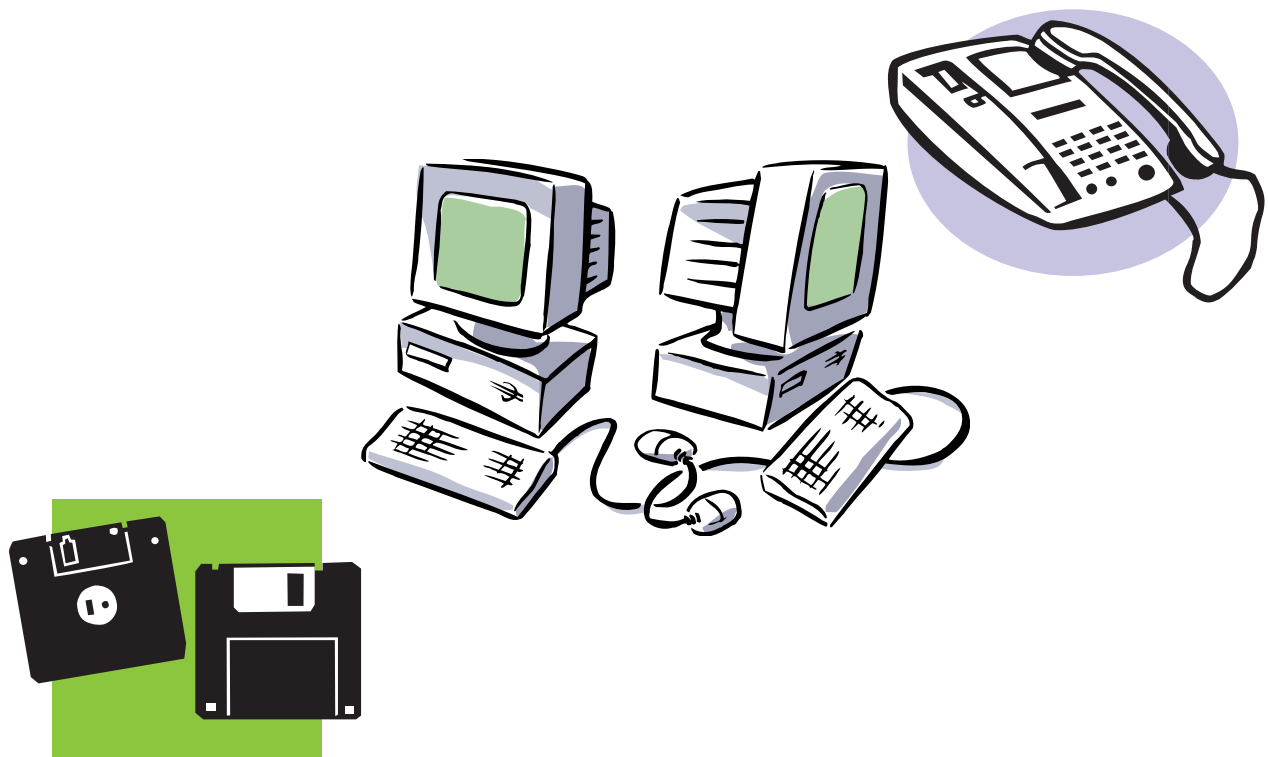# State of Montana
Unemployment Insurance Program

ELECTRONIC MEDIA REPORTING

of Employer Quarterly Reports

Modem
Diskette
Cartridge

Unemployment Insurance Program
Department of Revenue
P.O. Box 6339
Helena, MT 59604-6339

866
Rev10/99

Contents

ELECTRONIC MEDIA REPORTING
FOR UNEMPLOYMENT INSURANCE TAXES

The Montana Unemployment Insurance (UI) Program of the Department of Revenue is now able to accept quarterly tax and wage reports from employers on 3 1/2" diskettes, cartridge tapes and electronically by modem. UI encourages employers to file their quarterly reports in electronic media format rather than paper forms. We believe this will save time for both you and the agency in processing your report. This will result in more accurate wage and tax information in our files. Since accurate data is the key to proper tax payments and to timely benefit payment processing, everyone stands to benefit from electronic reporting.

Montana uses the nationally accepted Interstate Conference of Employment Security Agencies (ICESA) format, specifying record type "S" for state quarterly unemployment wage detail listing. This booklet contains the specifications and instructions necessary to use this format. The following pages describe the record types required to process your files properly. They must be followed exactly.

Multi-state employers using this format can create one tape for reporting quarterly wage and tax records and send copies to all states that choose to accept the format. Each state will be able to pull from the tape the required information related to employment in that state.

If you file the entire report electronically (wage and tax data), you will still receive a MTQ Employer Quarterly Report, but only for withholding tax reporting purposes. You will receive payment coupons annually, or upon approval of an initial test application. These coupons will contain all rate and account information needed to submit correct reports.

If desired, an employer may submit electronically wage information only. In this case, the tax information must be submitted on the MTQ form with the payment attached.

Your MTQ payment and diskette or cartridge must be postmarked on or before the last day of the month following the close of the quarter to avoid being classed as delinquent. We prefer that the MTQ coupon and attached payment is enclosed with the diskette(s) or cartridge(s). If you are reporting by modem, your payment must be postmarked on or before the last day of the month following the close of the quarter. The modem file and payment must be received on or before the last day of the month following the end of the quarter.

We encourage submission via cartridge, diskette or modem.

If you have questions regarding the use of the record formats, or have problems intrinsic to your operation, please call the UI Electronic Media Coordinator at (406) 444-6963 Monday through Friday 7:30 a.m. to 3:30 p.m. Mountain Time.

(406) 444-6963

General Requirements and Procedures for Reporting

Only one quarter may be included on a cartridge, diskette, or modem transmission regardless of the number of employers. A file with multiple quarters will be rejected. Please submit only original quarterly information electronically.

Amended reports **must be submitted on hard copy.** All amended reports must include the complete report, not just the amended information.

All employee wage data for an employer must be submitted via electronic media <u>or</u> hard copy. Do not split employer wage reports between electronic media and hard copy, or between two different types of electronic media. NOTE: If you use electronic media to <u>report wage data only</u>, all wage data must be reported on the same type of media. Similarly, if you use electronic media to <u>report tax data only</u>, all tax data must be reported on the same type of media. In these cases, the remaining information may be submitted to the UI Program using the MTQ Employer Quarterly Report.

External Labels

All cartridges or diskettes must have an external label with:

> **Employer's Business Name**
>
> **Montana UI Account Number**
>
> **The year and quarter on the tape or diskette**
>
> **Tape number (for internally labeled cartridges)**

Multiple Employers

You may submit wage and/or tax data for more than one employer via electronic media. Remitters submitting information for more than one UI employer account number on a cartridge or diskette should list the remitter name and mailing address on the label. The label should contain the name and UI account number of each employer on the file. If additional space is needed, include a separate listing of the employer names and account numbers for each cartridge or diskette submitted. The separate listing must include the remitter name and mailing address.

Application and test files

Before you start submitting via electronic media, you <u>must</u> complete the Reporting Application form (enclosed at the end of this booklet). Mail the application and a test cartridge or diskette file at least three months before the due date of the report you wish to submit via electronic means to the UI Program. Please mark the cartridge or diskette **"For Test Purposes Only"** on an external label. If you wish to report via modem you must submit a test diskette, or cartridge following the same procedures. (See Modem Reporting instructions.) We will return to you the test results, an explanation of any problems we encountered processing the test, and a copy of your application. If the test was not successful, additional tests will be required.

If you send electronic media containing wage and/or tax data for more than one employer you need to complete only one application form covering all employers included on the file. Attach a list showing the business name and Montana Unemployment Insurance employer account number of each employer. For identification purposes, record the agent's name in the space provided on the application form.

If you have a <u>change in any</u> information contained on the application form, i.e., transmitter information, change of address, etc., contact the Electronic Media Coordinator at (406) 444-6963.

Magnetic Cartridge/Tape Technical Requirements for Reporting

**Unless otherwise noted, the term "Magnetic Tape" will mean <u>both</u> cartridges and reel-to-reel tapes.

Cartridge tapes

Must be unpacked mode on either 3480 or 3490 cartridges.

Our program has the ability to read:

> < 3490 cartridges compressed, or non-compressed. If the 3490 cartridge is compressed,
>
> <u>it must be compressed with IDRC</u> (hardware data compression)
>
> < 3480 cartridges written on 3490 drives with IDRC (hardware data compression)
>
> < 3480 cartridges written on 3490 drives that have not been compressed
>
> < 3480 cartridges written on 3480 drives

The cartridges must be18 tracks and 38,000 BPI. We **cannot** read the 36 track 76,000 BPI 3490E or ECART cartridge.

Internal Labels

We will accept labeled magnetic tape files in accordance with the guidelines below. Labels must not contain security encoded bytes. If your system cannot produce labels as described below, send a no-label tape file; i.e., a tape file with data records only.

1. Tapes with IBM OS/VS STANDARD header and trailer labels are preferred.
2. Transmitters that cannot produce IBM OS/VS internal labels or no-label tapes may use other labels, as described below.
3. Each segment (record) of a set of labels (i.e. VOL1 + HDR1 + HDR2 = a set of header labels) must contain 99 or fewer characters.
4. Header and trailer labels must be written in the same density as the data records.
5. Header labels must precede data and be separated from the data by one (1) tapemark.
6. Trailer labels must follow the data and must be separated from the data by one (1) tapemark.
7. Two (2) tapemarks must follow the trailer labels.

Tapemarks

A tapemark is a one-character physical record. As used on magnetic tape, it separates data from internal labels and one data file from another data file. It also indicates end-of-reel. The hexadecimal value for a tapemark is 13. The decimal value for a tapemark is 19. The octal value for a tapemark is 23. Never begin a magnetic tape with a tapemark; doing so signals end-of-reel and causes processing to terminate.

Separate data from internal labels with ONE (1) tapemark.

Indicate end-of-reel with TWO (2) tapemarks, as follows:

1. If using trailer labels, write end-of-reel tapemarks directly after the trailer labels.
2. If using no-label tape, write end-of-reel tapemarks directly after the last block of data.

Magnetic Tape Technical Requirements for Reporting, Continued

Character Sets

Magnetic tape recorded in Extended Binary Coded Decimal Interchange Code (EBCDIC) is preferred. American Standard Code for Information Interchange (ASCII) will be accepted. LOWER CASE LETTERS ARE NOT ACCEPTABLE ON MAGNETIC TAPE.

Logical Record Length

Each record must be a uniform length of 275 (or 276) characters. **A 275-character record is preferred.** If your system cannot produce an odd number record length, a 276-character record will be accepted. In tape files with a record length of 276, the 276th character must contain a blank which is coded in the same character set as the first 275 characters. For example, if the first 275 characters are coded in or translated to EBCDIC, character 276 must also be coded in or translated to EBCDIC. Logical records MUST NOT be prefixed by record descriptor words or block descriptor words.

Physical Records

Each physical record (= a block of logical records) must be a uniform length. The length must be a multiple of the logical record length. Physical records MUST NOT be prefixed by block descriptor words. If a logical record length of 275 is being used, the largest acceptable physical record is 23,375. If a logical record length of 276 is being used, the largest acceptable physical record is 23,460. Any tape containing physical records larger than 23,460 characters in length will be returned unprocessed.

Blocking Factor

The blocking factor on magnetic tape files must not exceed 85. The use of 25 logical records per block on 9-track tapes and 85 logical records per block on 3480 cartridges is preferred.

One logical record per block on tape files from systems that cannot generate the record length of 275 or 276, with the physical record size a multiple of 275 or 276 is required.

> Example: DECVAX Systems
> When creating a magnetic tape, choose the option in your system which permits you to designate record length as well as blocksize. Also, be sure to remove line feed, carriage return and all other record delimiters from your records. These characters are often masked. If used in a magnetic tape, these characters create a record length that disagrees with these specifications.

Consolidated Files

Transmitters of Unemployment Insurance Information are urged to minimize the number of files they submit when reporting information for multiple employers or for multiple work sites of a single employer.

Diskette Technical Requirements for Reporting

File Name
The file name must be UIWAGE.TXT. It **MUST** be in the root directory.

A diskette must not contain more than one file. If more than one file of unemployment insurance wage and/or tax information is being submitted, each file must be named UIWAGE.TXT and each file must be placed on a **separate** diskette. No files other than UIWAGE.TXT should be included on a diskette. (Exception--see "Multiple-Volume Submission" in this section.)

Transmitters of unemployment insurance wage and/or tax information for multiple employers should avoid creating a separate file and a separate diskette for each employer.

Operating System
All 3½" diskettes must be created using an MS-DOS "double-density" or "high-density" operating system format.

If you do not have an MS-DOS operating system, you may still be able to create MS-DOS compatible diskette files. Some operating systems, e.g., UNIX, XENIX and APPLE, may have a DOS shell that can be used to create these files. For UNIX/XENIX based systems use DOSCP command to create an MS-DOS compatible file. Check your operating manual.

Character Set
Data must be recorded on 3½" diskettes using the ASCII-1 character set. **ASCII is the only acceptable character set for diskette or modem reporting. EBCDIC is not acceptable for diskette reporting.**

Record Length
Each record in a file MUST be 275 characters in length. Data must be entered in each record in the exact positions detailed just as for magnetic tape format.

Formatting
Data sent on 3½" "double-density" or "high-density" diskettes MUST be formatted to the density specified by the diskette manufacturer.

Delimiters
Record delimiters must be used. They must follow the last character of each record.

The record delimiter must consist of two characters and those two characters must be carriage return and line feed. The ASCII-1 hexadecimal value for the carriage return character is 0D (zero and letter D); the ASCII-1 hexadecimal value for the line feed is 0A (zero and letter A). The ASCII-1 decimal values for the two characters are 13 and 10, respectively.

A record delimiter must appear immediately after the last character of each record. The carriage return character and the line feed character will be placed in positions 276 and 277, respectively.

"Delimiters" continued on the following page.

Diskette Technical Requirements for Reporting, Continued

Delimiters, continued
DO NOT place a record delimiter before the first record of the file.

DO NOT place more than one record delimiter i.e., more than one carriage-return/line-feed combination, following a record.

DO NOT place record delimiters after a field within a record.

Multiple-Volume Submission
A multiple-volume diskette submission is a submission for which the number of data records exceeds the capacity of a single diskette, so the data must be continued on to one or more subsequent diskettes, i.e., volumes. A multiple-volume diskette submission properly begins with a Code A record on volume 1 and ends with a Code F record on the last volume.

Only the file "UIWAGE.TXT" on volume 1 of a multiple-volume diskette file should begin with a Code A record. Each volume after volume 1 should contain a file named "UIWAGE2.TXT" for the second volume and "UIWAGE3.TXT" for the third volume, etc. Each file should begin with the record which properly follows the last record on the preceding volume/file. For example, if volume 1 ends with a Code S record, volume 2 begins with the next Code S record or with the Code T record for that employer.

The external diskette labels for a multiple-volume submission **MUST** indicate the proper sequence (e.g., VOL 2 of 3) for processing.

Mailing diskettes
Do not enclose the diskettes in the payment return envelope. Please use a diskette mailer to mail the diskette. We are not responsible for damage to the diskette(s) caused by postal services. Mail the diskette, payment(s) and payment coupon(s) for the employer(s) reported on the diskette(s) to the Unemployment Insurance Program at the address listed on the cover.

All diskettes will be securely stored for a given time, then the information on the diskettes will be erased and the diskettes will be donated to schools for student usage.

Modem Technical Requirements and Procedures for Reporting

☎ **You must provide your own modem and communication software.**

☎ Set your software to the following settings:

    A)   Speeds from 1200 to 57,600 Baud rate of speed

    B)   8 bit word length

    C)   one-stop bit

    D)   no parity

    E)   Full duplex

☎ Most terminal emulations should work. IBM 3101 or ASCII terminal is recommended.

☎ Many employer records can be put into one transfer file; all will be processed by the program.

☎ The number to call to send your file is: **(406) 444-4192**

☎ **Before you can begin reporting by modem, you must complete the Electronic Media Reporting Application (UI-111) on the last page of this booklet.** Mail the application and a test file at least three months before the due date of the report you wish to submit on modem to the UI Program. The test file must be submitted on diskette or cartridge, **not modem**.

SENDING YOUR FILE

1. Tell your software to tell your communication program to dial the telephone number.

2. Once you have reached our system, you will see screen #1 welcoming you to the program. The program will ask you to enter a password. Type: **WAGES** Push the [Enter] key.

3. Screen #2 allows you to either submit a wage report, or to exit. To enter your report, type: **S**

4. Screen #3 asks for a file name. Enter the file name: **UIWAGE.TXT** Push the [Enter] key.

5. Screen #4 allows you to select a transfer method. **Select a transfer method.** The method you choose will depend upon the type of communication software.

6. The program will tell you to "start your procedure". **Tell the software to send your file.**

7. After the file is received by our system, it will tell you "processing.........". The program will then tell you which files have been processed.

8. Once the file transfer is complete, you will return to screen #2 allowing you to submit another file, or to exit the program. To exit the program, type: **G**

9. **Tell your software to hang up.**

10. Mail your payment(s) for the employer(s) quarterly report(s) you have filed by modem with your quarterly payment coupon. Indicate on the payment coupon that you have submitted all reports via modem.
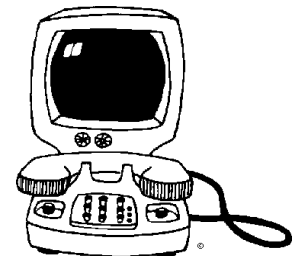
If you have WINDOWS, please see Help comments on the following page.

(406) 444-4192

Modem Technical Requirements and Procedures for Reporting, continued

Help for Modem Users who have WINDOWS
Following are suggested settings for the TERMINAL program that comes with WINDOWS so the transfer will succeed. Each option is listed on the Settings pull down menu of the TERMINAL program:

Terminal Emulation:	DEC VT-100
Binary Transfers:	XModem/CRC

Communications
Baud Rate:	2400 or 4800 or 9600
Data Bits:	8
Stop Bits:	1
Parity:	None
Flow Control:	None
Parity Check and Carrier Detect turned OFF	

After you have signed on to the BBS you should:
1) Select X-Modem from the BBS selection list for the type of transfer; and
2) Send the file using the Binary Transfer selection from the WINDOWS TERMINAL Transfers pull down window.

ICESA FORMAT

In the ICESA format, the output records must be arranged as follows:

* There can be only one 'A', 'B', and 'F' record per tape, cartridge, diskette, or modem file.

* Each 'E' record must be followed by at least one 'S' record. (Exception - if the "No Workers/ No Wages" field contains a zero, there may not be any 'S' records for that employer.)

* One 'T' record must follow the last 'S' record for each set of 'E' and 'S' records. (Exception - 'T' record must follow the 'E' record if the "No Workers/No Wages" field contains a zero.)

* One 'F' record must follow the last 'T' record and must be the last record on the file.

For single employer filer with 'S' records:
A, B, E, S, S, . , . , . , S, T, F

For single employer filer with no 'S' records:
A, B, E, T, F

For multiple employer filer:
A, B, E, S, S, . , . , . , S, T, E, S, S, . , . , S, T, E, S, S, . , . , T, F

Pages 12 - 24 provide detailed specifications and locations of records.

Data Record Descriptions*

*For these descriptions, "file" covers all forms of electronic media transmission: cartridge, reel-to-reel tapes, diskette, or modem file.

Code A: Transmitter Record
      * Identifies the organization submitting the file.
      * Must be the first data record on each file. For multiple volume diskettes, see "Multiple-Volume
        Submission" in the Diskette Technical Requirement section.

Code B: Authorization Record
      * Identifies the type of equipment used to generate the file.
      * Must be the second data record on each file. For multiple volume diskettes, see "Multiple-Volume
        Submission" in the Diskette Technical Requirement section.
      * Should contain the address where the file can be returned if we are unable to process it. Address
        entries should be specific enough to ensure proper delivery and must be made precisely according to
        the specifications.

Code E: Employer Record
      * Identifies an employer whose employee wage and/or tax information is being reported.
      * Generate a new Code E each time it is necessary to change the information on any field on this record.

Code S: Employee Record
      * Used to report wage data for an employee.
      * Should follow its related Code E record or it could follow an associated Code S record, which in
        turn follows a related Code E record.
      * Do not generate a Code S record if only blanks would be entered after the record identifier.
      * There should be no Code S records if "No Workers/No Wages" field on preceding Code E record
        contains a zero.

Name formats on the Code S Record
      * Must agree with the spelling of the name on the individual's Social Security Card.
      * Parts of a compound surname must be connected by a hyphen. Single letter prefixes (e.g., "O", "D")
        must not be separated from the rest of the surname by a blank, but should be connected by an apostrophe.
      * Punctuation may be used when appropriate.
      * Lower case letters are not acceptable.
      * Do not include any titles in the name. Titles make it difficult to determine an individual's name and
        may prevent properly crediting earnings data.

Money Amounts
      * All money fields are strictly numeric.
      * Must include dollars and cents with the decimal point assumed.
      * Do not use any punctuation in any money field.
      * NEGATIVE (CREDIT) MONEY AMOUNTS ARE <u>NOT</u> ALLOWED.
      * RIGHT JUSTIFY AND ZERO FILL ALL MONEY FIELDS.
      * IN A MONEY FIELD THAT IS NOT APPLICABLE, ENTER ZEROS.

Data Record Descriptions, Continued

Code T: Total Record
   * Contains the totals for all Code S records reported since the last Code E record.
   * The totals must all be zeros if there are no Code S records because the Code E "No Workers/No Wages" field contains a zero.
   * Must be generated for each Code E record.
   * See the Employee Wage Record (Code S) description for information about reporting money amounts.

Code F: Final Record
   * Indicates the end of the file and MUST be the last data record on each file. For multiple volume diskettes, see "Multiple-Volume Submission" in the Diskette Technical Requirements section.
   * Must appear only once on each file, after the last Code T record.
   * See the Employee Wage Record (Code S) description for information about reporting money amounts.

"A" RECORD TYPE: TRANSMITTER RECORD

A/N = Alphanumeric; left justified and blank filled.
N = Numeric; right justified, zero filled, unsigned, do not include decimal in fields containing dollars and cents.

LOCATION	FIELD	LENGTH	TYPE	DESCRIPTION AND REMARKS
1	Record Identifier	1	A/N	Constant "A".
2-5	Year	4	A/N	Enter the year for which this report is being prepared. **UPDATE EACH YEAR.**
6-14	Transmitter's Federal Employer Identification Number	9	A/N	Transmitter's Federal Employer ID number. Enter only numeric characters. Omit hyphens, prefixes & suffixes.
15-18	Taxing Entity Code	4	A/N	Constant "UTAX".
19-23	Blank	5	A/N	Enter blanks.
24-73	Transmitter Name	50	A/N	Enter the name of the organization submitting the file.
74-113	Transmitter Street Address	40	A/N	Enter the street address of the organization submitting the file.
114-138	Transmitter City	25	A/N	Enter the city of the organization submitting the file.
139-140	Transmitter State	2	A/N	Enter the standard two character FIPS postal abbreviation. See Appendix A.
141-153	Blank	13	A/N	Enter blanks.
154-158	Transmitter Zip Code	5	A/N	Enter a valid zip code.
159-163	Transmitter Zip Code Extension	5	A/N	Use this field as necessary for the four digit extension of the zip code. Include hyphen in position 159. If unknown, fill with blanks.
164-193	Transmitter Contact	30	A/N	Title of individual from transmitter organization who is responsible for the accuracy and completeness of the wage report.
194-203	Transmitter Contact Telephone Number	10	A/N	Telephone number at which the transmitter contact can be telephoned.
204-207	Telephone Extension/ Box	4	A/N	Enter transmitter telephone extension or message box.
208-213	Tape Transmitter/ Authorization Number	6	A/N	Identifier assigned to the entity transmitting the file. **Not required by Montana.**
214	C-3 Data	1	A/N	Enter blanks. **Not required by Montana.**

A/N = Alphanumeric; left justified and blank filled.
N = Numeric; right justified, zero filled, unsigned, do not include decimal in fields containing dollars and cents.

LOCATION	FIELD	LENGTH	TYPE	DESCRIPTION AND REMARKS
215-219	Suffix Code	5	A/N	**Not required by Montana.**
220	Allocation Lists	1	A/N	**Not required by Montana.**
221-229	Service Agent I.D.	9	A/N	**Not required by Montana.**
230-242	Total Remittance Amount	13	A/N	**Not required by Montana.**
243-248	Media Creation Date	6	A/N	Enter date: MMDDYY
249-275	Blank	27	A/N	Enter blanks.

"B" RECORD TYPE: AUTHORIZATION RECORD

A/N = Alphanumeric; left justified and blank filled.
N = Numeric; right justified, zero filled, unsigned, do not include decimal in fields containing dollars and cents.

LOCATION	FIELD	LENGTH	TYPE	DESCRIPTION AND REMARKS
1	Record Identifier	1	A/N	Constant "B".
2-5	Payment Year	4	A/N	Enter the year for which this report is being prepared. **UPDATE EACH YEAR.**
6-14	Transmitter's Federal EIN	9	A/N	Transmitter's Federal Employer ID number. Enter only numeric characters. Omit hyphens, prefixes & suffixes.
15-22	Computer	8	A/N	Enter the Manufacturer's Name.
23-24	Internal Label	2	A/N	SL = IBM standard label NL = no label NS = Non-standard label AL = ANSI label **Not required for diskettes or modem.**
25	Blank	1	A/N	Enter a blank.
26-27	Density	2	A/N	'16' = 1600 BPI reel tape '62' = 6250 BPI reel tape '18' = IBM 3480 and 3490 cartridges. **Not required for diskettes or modem.**
28-30	Recording Code (Character Set)	3	A/N	Enter "EBC" for EBCDIC; "ASC" for ASCII. Use only ASCII for diskettes and modem.
31-32	Number of Tracks	2	A/N	'09' = reel tapes '18' = IBM 3480 and 3490 cartridges **Not required for diskettes or modem.**
33-34	Blocking Factor	2	A/N	Enter the blocking factor of the file, not to exceed 85. **Not required for diskettes or modem.**
35-38	Taxing Entity Code	4	A/N	Constant "UTAX".
39-146	Blank	108	A/N	Enter blanks.
147-190	Organization Name	44	A/N	The name of the organization to which the cartridge/tape should be returned. **Not required for diskettes or modem.**
191-225	Street Address	35	A/N	The street address of the organization to which the cartridge/tape should be returned. **Not required for diskettes or modem.**
226-245	City	20	A/N	The city of the organization to which the cartridge/tape should be returned. **Not required for diskettes or modem.**
246-247	State	2	A/N	Enter the standard two character FIPS postal abbreviation. **Not required for diskettes or modem.**
248-252	Blank	5	A/N	Enter blanks.

"B" RECORD TYPE: AUTHORIZATION RECORD, continued

A/N = Alphanumeric; left justified and blank filled.

N = Numeric; right justified, zero filled, unsigned, do not include decimal in fields containing dollars and cents.

LOCATION	FIELD	LENGTH	TYPE	DESCRIPTION AND REMARKS
253-257	Zip Code	5	A/N	Enter a valid zip code. **Not required for diskettes or modem.**
258-262	Zip Code Extension	5	A/N	Enter four digit extension of zip code, being sure to include the hyphen in position 258. If N/A, enter blanks. **Not required for diskettes or modem.**
263-275	Blank	13	A/N	Enter blanks.

"E" RECORD TYPE: EMPLOYER RECORD

A/N = Alphanumeric; left justified and blank filled.
N = Numeric; right justified, zero filled, unsigned, do not include decimal in fields containing dollars and cents.

LOCATION	FIELD	LENGTH	TYPE	DESCRIPTION AND REMARKS
1	Record Identifier	1	A/N	Constant "E".
2-5	Payment Year	4	A/N	Enter the year for which this report is being prepared. **UPDATE EACH YEAR.**
6-14	Employer's Federal EIN	9	A/N	Employer's Federal Employer ID number. Enter only numeric characters. Omit hyphens, prefixes & suffixes.
15-23	Blanks	9	A/N	Enter blanks.
24-73	Employer Name	50	A/N	The first 50 positions of the Employer's name. Exactly as the Employer is registered with the State Unemployment Insurance Agency.
74-113	Employer Street Address	40	A/N	The street address of the Employer.
114-138	Employer City	25	A/N	The city of the Employer's mailing address.
139-140	Employer State	2	A/N	Enter the standard two character FIPS postal abbreviation. See Appendix A.
141-148	Blanks	8	A/N	Enter blanks.
149-153	Zip Code Extension	5	A/N	Enter four digit extension of zip code, being sure to include the hyphen in position 149. If N/A, enter blanks.
154-158	Zip Code	5	A/N	Enter a valid zip code.
159	Name Code	1	A/N	**Not required by Montana.** Enter blanks.
160	Type of Employment	1	A/N	Enter the appropriate code: A = Agriculture X = Railroad H = Household R = Regular (all others) M = Military Q = Medicare qualified government employment **Not required by Montana.**
161-162	Blocking Factor	2	A/N	Enter blocking factor of the file, not to exceed 85. **Not required for diskettes or modem.**
163-166	Establishment Number or Coverage Group/PRU	4	A/N	Enter either the establishment number or the coverage group/PRU. Otherwise, enter blanks. **Not required by Montana.**
167-170	Taxing Entity Code	4	A/N	Constant "UTAX".

--Continued on next page--

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A/N = Alphanumeric; left justified and blank filled.

N = Numeric; right justified, zero filled, unsigned, do not include decimal in fields containing dollars and cents.

LOCATION	FIELD	LENGTH	TYPE	DESCRIPTION AND REMARKS
171-172	State Identifier Code	2	A/N	Enter the state FIPS postal numeric code for the state to which wages are being reported. For Montana, FIPS = 30.
173-187	State UI Employer Account Number	15	A/N	Enter the state UI employer account number.
188-189	Reporting Period	2	A/N	Enter the last month of calendar quarter to which the report applies. "03" = First quarter "09" = Third quarter "06" = Second quarter "12" = Fourth quarter
190	No workers/ No wages	1	N	0 = Indicates that the E record will not be followed by S, employee records. 1 = Indicates that the E record will be followed by S, employee records.
191	Tax Type Code	1	A/N	Enter a blank. **Not required by Montana.**
192-196	Taxing Entity Code	5	A/N	Enter blanks. **Not required by Montana.**
197-203	State Control Number	7	A/N	Enter blanks. **Not required by Montana.**
204-208	Unit Number	5	A/N	Enter blanks. **Not required by Montana.**
209-255	Blank	47	A/N	Enter blanks.
256	Foreign indicator	1	A/N	If data in positions 74-158 is for a foreign address, enter the letter "X", else a blank. **Not required by Montana.**
257	Type of Information	1	A/N	If file contains only wage information, enter a "W". If file contains only tax information, enter a "T". If file contains wage and tax information, enter a "B".
258-266	Other EIN	9	A/N	Enter blanks if no other EIN was used. **Not required by Montana.**
267-275	Blank	9	A/N	Enter blanks.

"S" RECORD TYPE: EMPLOYEE RECORD

A/N = Alphanumeric; left justified and blank filled.

N = Numeric; right justified, zero filled, unsigned, do not include decimal in fields containing dollars and cents.

LOCATION	FIELD	LENGTH	TYPE	DESCRIPTION AND REMARKS
1	Record Identifier	1	A/N	Constant "S".
2-10	Social Security Number	9	A/N	Employee's Social Security number. If not known, enter "I" in position 2 and blanks in positions 3-10.
11-30	Employee Last Name	20	A/N	Enter employee last name.
31-42	Employee First Name	12	A/N	Enter employee first name.
43	Employee Middle Initial	1	A/N	Enter employee middle initial. If no middle initial, enter a blank.
44-45	State Code	2	A/N	Enter the state FIPS postal numeric code for the state to which wages are being reported. Montana = 30
46-49	Blanks	4	A/N	Enter Blanks
50-63	State Quarter Total Gross Wages	14	N	Enter quarterly wages subject to all taxes. Include all tip income. **Not required by Montana.**
64-77	State Quarter UI Total Wages	14	N	Enter quarterly wages subject to unemployment taxes. Include all tip income.
78-91	State Quarter UI Excess Wages	14	N	Quarterly wages in excess of the state UI taxable wage base. For Governmental or Reimbursable Employers, must be zeros.
92-105	State Qtr. UI Taxable Wages	14	N	State qtr. UI total wages less state qtr. UI excess wages. For Governmental and Reimbursable Employers, must be equal to "State Quarter UI Total Wages".
106-120	Quarterly State Disability Insurance Taxable Wages	15	N	Enter zeros. **Not required by Montana.**
121-129	Quarterly Tip Wages	9	N	Include all tip income. **Not required by Montana.**
130-131	Number of Weeks Worked	2	A/N	The number of weeks worked in the reporting period. **Not required by Montana.**
132-134	Number of Hours Worked	3	A/N	The number of hours worked in the reporting period. **Not required by Montana.**
135-138	Date First Employed	4	A/N	Enter the month and year, e.g. "0193". **Not required by Montana.**
139-142	Date of Separation	4	A/N	Enter the month and year, e.g., "0193". **Not required by Montana.**
143-146	Taxing Entity Code	4	A/N	Constant "UTAX".

--Continued on next page--

A/N = Alphanumeric; left justified and blank filled.

N = Numeric; right justified, zero filled, unsigned, do not include decimal in fields containing dollars and cents.

LOCATION	FIELD	LENGTH	TYPE	DESCRIPTION AND REMARKS
147-161	State UI Employer Account Number	15	A/N	State account number assigned for unemployment insurance reporting purposes.
162-176	Unit/Division Location/Plant Code	15	A/N	The ID assigned to identify wages by worksite. **Not required by Montana.**
177-190	State Taxable Wages	14	A/N	Enter wages subject to state income tax. **Not required by Montana.**
191-204	State Income Tax Withheld	14	A/N	Enter state income tax withheld. **Not required by Montana.**
205-206	Seasonal Indicator	2	A/N	Enter blanks. **Not required by Montana.**
207	Employer Health Insurance Code	1	A/N	Enter blanks. **Not required by Montana.**
208	Employee Health Insurance Code	1	A/N	Enter blanks. **Not required by Montana.**
209	Probationary Code	1	A/N	Enter blanks. **Not required by Montana.**
210	Officer Code	1	A/N	For employees who are officers of the corporation, enter "1". Default value = "0". **Not required by Montana.**
211	Wage Plan Code	1	A/N	Enter blanks. **Not required by Montana.**
212	Month 1 Employment	1	A/N	Enter "1" if employee covered by UI worked during or received pay for the pay period including the 12th day of the 1st month of the reporting period. Enter "0" if employee covered by UI did not work and received no pay for the pay period including the 12th day of the 1st month of the reporting period. Enter blanks if not available.
213	Month 2 Employment	1	A/N	Enter "1" if employee covered by UI worked during or received pay for the pay period including the 12th day of the 2nd month of the reporting period. Enter "0" if employee covered by UI did not work and received no pay for the pay period including the 12th day of the 2nd month of the reporting period. Enter blanks if not available.

A/N = Alphanumeric; left justified and blank filled.

N = Numeric; right justified, zero filled, unsigned, do not include decimal in fields containing dollars and cents.

LOCATION	FIELD	LENGTH	TYPE	DESCRIPTION AND REMARKS
214	Month 3 Employment	1	A/N	Enter "1" if employee covered by UI worked during or received pay for the pay period including the 12th day of the 3rd month of the reporting period. Enter "0" if employee covered by UI did not work and received no pay for the pay period including the 12th day of the 3rd month of the reporting period. Enter blanks if not available.
215-220	Reporting Quarter and Year	6	A/N	Enter the last month and year for the calendar quarter for which this report applies, e.g., "031999" for Jan-Mar of 1999
221-226	Date First Employed	6	A/N	Enter blanks. Not required by Montana.
227-232	Date of Separation	6	A/N	Enter blanks. Not required by Montana
233-275	Blanks	43	A/N	

"T" RECORD TYPE: TOTAL RECORD

A/N = Alphanumeric; left justified and blank filled.
N = Numeric; right justified, zero filled, unsigned, do not include decimal in fields containing dollars and cents.

LOCATION	FIELD	LENGTH	TYPE	DESCRIPTION AND REMARKS
1	Record Identifier	1	A/N	Constant "T".
2-8	Total number of Employees	7	N	The total number of "S" records reported. The total number of "S" records since the last "E" record.
9-12	Taxing Entity Code	4	A/N	Constant "UTAX".
13-26	State Qtr. Total Gross Wages for Employer	14	N	Quarterly Gross Wages subject to all taxes. Total of this field on all "S" records since the last "E" record. **Not required by Montana.**
27-40	State Qtr. UI Total Wages for Employer	14	N	Quarterly Gross Wages subject to state UI Tax. Include all tip income. Total of this field on all "S" records since the last "E" record.
41-54	State Qtr. UI Excess Wages for Employer	14	N	Quarterly Wages in excess of the state UI Taxable wage base. Total of this field on all "S" records since the last "E" record. For Governmental or Reimbursable Employers, must be zeros.
55-68	State Qtr. UI Taxable Wages for Employer	14	N	State UI Total Wages less State Qtr. State UI Excess Wages. Total of this field on all "S" records since the last "E" record. For Governmental and Reimbursable Employers, must be equal to "State Quarter UI Total Wages".
69-81	Quarterly Tip Wages for Employer	13	N	Enter all tip income. Total of this field on all "S" records since the last "E" record. **Not required by Montana.**
82-87	TOTAL UI Tax Rate this Quarter	6	A/N	The employer's Total UI Tax rate for this reporting period. Decimal point followed by 5 digits, e.g., 3.1% = .03100. For Regular and Governmental employers it is equal to the UI Contribution Rate plus the Administrative Fund Tax Rate as shown on the yearly rate notice covering this reporting period. For Reimbursable employers, it is equal to the Administrative Fund Tax Rate, which is .00050.
88-100	State Qtr. UI Taxes Due	13	N	UI taxes due. Quarterly state UI taxable wages times TOTAL UI tax rate.
101-111	Previous Quarter(s) Adjustments	11	N	Enter here any adjustments or amendments to previous quarter reports. Enter zeros if not applicable.
112-122	Interest on Late Payments	11	N	Interest is computed at the rate of .05% per day of the amount in "State Qtr. UI Taxes Due" field.
123-133	Penalty	11	N	The penalty for being late 30 or fewer days is $10.00 or 10% of the amount in "State Qtr. UI Taxes Due" field, whichever is greater. The penalty for being late more than 30 days is $15.00 or 15% of the amount in "State Qtr. UI Taxes Due" field, whichever is greater.

"T" RECORD TYPE: TOTAL RECORD, continued

A/N = Alphanumeric; left justified and blank filled.

N = Numeric; right justified, zero filled, unsigned, do not include decimal in fields containing dollars and cents.

LOCATION	FIELD	LENGTH	TYPE	DESCRIPTION AND REMARKS
134-144	Credit/Overpayment	11	N	Enter here any overpayment existing on your account on the date this report was generated for mailing. Overpayments (credits) are subject to prior usage.
145-148	Employer Assessment Rate	4	A/N	Enter blanks. **Not required by Montana.**
149-159	Employer Assessment Amount	11	N	Enter zeros. **Not required by Montana.**
160-163	Employee Assessment Rate	4	A/N	Enter blanks. **Not required by Montana.**
164-174	Employee Assessment Amount	11	N	Enter zeros. **Not required by Montana.**
175-185	Total Payment Due	11	N	Enter the total of "State Qtr. UI Taxes Due" plus "Previous Quarter(s) Adjustments" plus "Interest" plus "Penalty", minus any amount in "Credit/Overpayment".
186-198	Allocation Amount	13	N	Enter zeros. **Not required by Montana.**
199-212	Wages Subject to State Income Tax	14	N	Quarterly wages subject to state withholding tax. Optional. **Zero-filled or blank undertermined.** .
213-226	State Income Tax Withheld	14	N	Quarterly state withholding tax. Optional. **Zero-filled or blank undertermined.**
227-233	Month 1 Employment	7	A/N	Total number of employees covered by UI who worked on or received pay for the pay period including the 12th day of the 1st month of the reporting period. Enter blanks if not available.
234-240	Month 2 Employment	7	A/N	Total number of employees covered by UI who worked on or received pay for the pay period including the 12th day of the 2nd month of the reporting period. Enter blanks if not available.
241-247	Month 3 Employment	7	A/N	Total number of employees covered by UI who worked on or received pay for the pay period including the 12th day of the 3rd month of the reporting period. Enter blanks if not available.
248-250	County Code	3	A/N	Enter blanks. **Not required by Montana.**
251-257	Outside County Employees	7	A/N	Enter blanks. **Not required by Montana.**
258-267	Document Control Number	10	A/N	Enter blanks. **Not required by Montana.**
268-275	Blanks	8	A/N	Enter blanks.

"F" RECORD TYPE: FINAL RECORD

A/N = Alphanumeric; left justified and blank filled.
N = Numeric; right justified, zero filled, unsigned, do not include decimal in fields containing dollars and cents.

LOCATION	FIELD	LENGTH	TYPE	DESCRIPTION AND REMARKS
1	Record Identifier	1	A/N	Constant "F".
2-11	Total Number of Employees in File	10	N	Enter the total number of "S" records in the entire file. **Not required by Montana.**
12-21	Total number of Employers in File	10	N	Enter the total number of "E" records in the entire file. **Not required by Montana.**
22-25	Taxing Entity Code	4	A/N	Constant "UTAX". **Not required by Montana.**
26-40	Quarterly Total Gross Wages in File	15	N	Quarterly Gross Wages subject to all taxes. Total of this field for all "S" records in the file. **Not required by Montana.**
41-55	Quarterly State UI Gross/Total Wages in File	15	N	Quarterly Gross Wages subject to state U.I. tax. Include all tip income. Total of this field on all "S" records in the file. **Not required by Montana.**
56-70	Quarterly State UI Excess Wages in File	15	N	Quarterly Wages in excess of the state U.I. taxable wage base. Total of this field on all "S" records in the file. For Governmental or Reimbursable Employers, must be zeros. **Not required by Montana.**
71-85	Quarterly State UI Taxable Wages in File	15	N	State U.I. Gross/Total Wages less quarterly state U.I. Excess Wages. Total of this field on all "S" records in the file. For Governmental and Reimbursable Employers, must be equal to "State Quarter UI Total Wages". **Not required by Montana.**
86-100	Quarterly State Disability Insurance Taxable Wages in File	15	N	Enter zeros. **Not required by Montana.**
101-115	Quarterly Tip Wages in File	15	N	Enter all tip income. Total of this field for all "S" records on the file. **Not required by Montana.**
116-123	Month 1 Employment for Employers in File	8	A/N	Total number of employees covered by UI who worked on or received pay for the pay period including the 12th day of the 1st month of the reporting period. Total of this field on all "T" records in the file. **Not required by Montana.**
124-131	Month 2 Employment for Employers in File	8	A/N	Total number of employees covered by UI who worked on or received pay for the pay period including the 12th day of the 2nd month of the reporting period. Total of this field on all "T" records in the file. **Not required by Montana.**

A/N = Alphanumeric; left justified and blank filled.

N = Numeric; right justified, zero filled, unsigned, do not include decimal in fields containing dollars and cents.

LOCATION	FIELD	LENGTH	TYPE	DESCRIPTION AND REMARKS
132-139	Month 3 Employment for Employers in File	8	A/N	Total number of employees covered by UI who worked on or received pay for the pay period including the 12th day of the 3rd month of the reporting period. Total of this field on all "T" records in the file. **Not required by Montana.**
140-275	Blanks	136	A/N	Enter Blanks.

APPENDIX A: FEDERAL INFORMATION PROCESSING STANDARD
(FIPS 5-2) POSTAL ABBREVIATION AND NUMERIC CODES

	Abbreviation	Numeric Code		Abbreviation	Numeric Code
Alabama	AL	01	Montana	MT	30
Alaska	AK	02	Nebraska	NE	31
Arizona	AZ	04	Nevada	NV	32
Arkansas	AR	05	New Hampshire	NH	33
California	CA	06	New Jersey	NJ	34
Colorado	CO	08	New Mexico	NM	35
Connecticut	CT	09	New York	NY	36
Delaware	DE	10	North Carolina	NC	37
District of	DC	11	North Dakota	ND	38
Columbia			Ohio	OH	39
Florida	FL	12	Oklahoma	OK	40
Georgia	GA	13	Oregon	OR	41
Hawaii	HI	15	Pennsylvania	PA	42
Idaho	ID	16	Rhode Island	RI	44
Illinois	IL	17	South Carolina	SC	45
Indiana	IN	18	South Dakota	SD	46
Iowa	IA	19	Tennessee	TN	47
Kansas	KS	20	Texas	TX	48
Kentucky	KY	21	Utah	UT	49
Louisiana	LA	22	Vermont	VT	50
Maine	ME	23	Virginia	VA	51
Maryland	MD	24	Washington	WA	53
Massachusetts	MA	25	West Virginia	WV	54
Michigan	MI	26	Wisconsin	WI	55
Minnesota	MN	27	Wyoming	WY	56
Mississippi	MS	28			
Missouri	MO	29			

TERRITORIES AND POSSESSIONS

American Samoa	AS
Guam	GU
Puerto Rico	PR
Virgin Islands	VI
Northern Mariana Islands	MP

MILITARY POST OFFICES (APO AND FPO)

Canada, Europe, Africa and the Middle East	AE
Central and South America	AA
Alaska and the Pacific	AP
Contingency Operations	AC

Unemployment Insurance Contributions Bureau
Department of Revenue
State of Montana
P.O. Box 6339
Helena, MT 59624-6339
(406) 444-6963
FAX (406) 444-3082

MONTANA UNEMPLOYMENT INSURANCE ELECTRONIC MEDIA REPORTING APPLICATION

Employer Business Name or Agent's Name	Montana U.I. Account No.

Address: (No., Street)

City, State and Zip Code

If reporting for multiple employers, number of employers:	Report information is:	Wage information only ☐
		Wage and Tax information ☐

☐ **Diskette**   ☐ **Modem**   ☐ **Cartridge**

For Diskettes, check one on each line

Diskette Size:	☐ **3 1/2"**	☐ **5 1/4"**
Density:	☐ **High Density**	☐ **Low Density**

For Cartridges, check one on each line

Cartridge Size:	☐ **3480**	
Tape Drive Size:	☐ **3480**	☐ **3490**
Compression:	☐ **Compressed**	☐ **Non-compressed**
Recording Code:	☐ **EBDIC**	☐ **ASCII**
Labels:	☐ **Standard Labels**	☐ **Unlabeled**

For PAYROLL information, contact: (Name)	Title	Phone No.
For TECHNICAL information, contact: (Name)	Title	Phone No.

I am requesting approval to report employee wage and/or employer tax information on diskette, modem, cartridge, or reel-to-reel tape. I am enclosing a test copy clearly marked "FOR TEST PURPOSES ONLY".

Employer Signature: _____

Title: _____   Date: _____

Please allow three months for testing.

FOR AGENCY USE ONLY

☐ **Approved**   ☐ **Disapproved**

Reason: _____

Signature: _____   **Date:** _____